

LEAVE DONOR REQUEST

I, _____, voluntarily wish to DONATE _____ hours of annual
(#)

leave to _____
(Name of Recipient)

My Title: _____ Pay Plan: _____ Grade: _____
(GS/WG/GM)

Social Security Number: _____ Phone No.: _____ Room No.: _____

Organization: _____
(Office) (Division) (Branch)

Timekeeper's Name: _____ Phone No.: _____

Supervisor's Name: _____ Phone No.: _____

I understand that I can donate as little as 2 hours of annual leave or as much as one half of the amount of annual leave I will otherwise earn during this leave year.

Note: If you are a family member of the leave recipient, you may request a waiver from the limitations described above.

I certify that to the best of my knowledge as of _____, I have _____ hours of annual leave to my account.
(Date)

I have donated _____ hours of annual leave during this leave year. The date of my last donation was _____.
(Date)

If requested, do you authorize the release of your name to the recipient?

Yes No

Signature of Employee

Date

Approved: _____ Disapproved: _____

Personnel Management Specialist

Date

NOTICE UNDER THE PRIVACY ACT

The authority for collecting this information is 5 U.S.C. 301 and 31 U.S.C. 321, and, where a social security number is requested, E.O. 9397. The purpose for collecting the information about you is to enable the Bureau of the Public Debt to process and record the necessary requirements.

This information may be disclosed to the Office of Personnel Management; agencies, contractors, and others to administer personnel and payroll systems and for debt collection and employment or security investigations; a law enforcement agency if Public Debt becomes aware of a possible violation of a law or regulation; a Congressional office to respond to requests by the person to whom the record pertains; courts and counsel during litigation; unions if needed to perform their authorized duties; other agencies under approved computer matches; as otherwise authorized by law or regulation.

Furnishing the information on this form, including your social security number if requested, is voluntary, but failure to do so may not allow Public Debt to complete necessary procedures.